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APR 24 2006
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7590 04/13/2006

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NICHOLAS A CAMASTO		(Depositor's name)
Nicholas Camasto		(Signature)
4/20/06		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/037,020	12/21/2001	Karen Heneghan	KH-1	5345

TITLE OF INVENTION: MINI BLIND CLEANING SUPPORT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/13/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GUIDOTTI, LAURA COLE	1744	015-268000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>NICHOLAS A. CAMASTO</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE 04/25/2006 MAHMED2 00000018 10037020

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

01 FC:2501	700.00	OP
02 FC:1504	300.00	OP
03 FC:8001	9.00	OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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Authorized Signature Nicholas A. Camasto

Date 4/20/06

Typed or printed name NICHOLAS A. CAMASTO

Registration No. 19,202

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